2019

Trend Survey On Alcohol

ADIC
Alcohol and Drug Information Centre

Annual Trend Survey on Alcohol Consumption in Sri Lanka

No. 40/18, Park Road, Colombo 05, Sri Lanka
Tel: +94 112 584 416 Fax: +91 112 508 484

TREND SURVEY ON ALCOHOL

Annual Trend Survey on Alcohol Consumption in Sri Lanka 2019

Research and Evaluation Division, Alcohol and Drug Information Centre, Sri Lanka
No. 40/18, Park Road, Colombo 05, Sri Lanka
Tel: +94 112 584 416 Fax: +91 112 508 484
Email: research@adicsrilanka.org

CONTRIBUTORS

Technical Committee

Pubudu Sumanasekara
Dr. Manuja Perera
Dr. Sajeeva Ranaweera
Sampath de Seram
Peshani Vithanage
Nalaka Gamage

Survey Coordination & Data Collection

Peshani Vithanage
Nalaka Gamage
P. Dineshkumar
Students from Faculty of Medicine, University of Kelaniya

Data Entry

Shanika Madushani
Arul Jyoti

Data Analysis

Suranga Wanniarachchi

Report Writing

Pulinda Perera

Proof Reading and Editing

Tharaka Ranchigoda

Report Design

Harshana Nimalasooriya

TABLE OF CONTENTS

LIST OF TABLES AND FIGURES

EXECUTIVE SUMMARY

The Alcohol and Drug Information Centre (ADIC) – Sri Lanka conducts trend surveys annually for tobacco and alcohol since 1998. The trend survey analysis (previously known as the SPOT Survey) is conducted under the main aim of mapping and tracing current trends of tobacco and alcohol consumption across Sri Lanka. The current report will present the findings of the trend survey for the year 2019 which was was aimed at determining trends of alcohol consumption across the country thereby assisting policymakers in formulating effective policies that aid reduction and prevention. Data was collected through a survey administered among the population of males above 15 years of age across 11 selected districts.

Data analysis and results were formulated based on a total of 2851 responses who fit the inclusion criterion. 28.1% (n=795) were current consumers of alcohol. This was an 8% decrease compared to the previous year. The sample was divided into three age groups for analysis namely, 15-24, 25-39 and 40 and above. Although a decrease in overall alcohol consumption was observed, two age groups showed an increase of 2.4% and 4.7% for 15-24 and above 40 categories respectively. Out of current consumers, a majority were infrequent users which was in line with previous findings and the least proportion of the sample were daily consumers 12.6%). This figure too was consistent with previous findings despite the slight decline (6%) compared to the previous survey. Highest consumption rates were reported from the above 40 age category which too was consistent with previous trend surveys. The highest alcohol consumption was observed from the occupation category of legislators, senior officials and managers (45.2%) which was inconsistent with previous findings as this figure was almost double from the previous trend survey.

A majority of current consumers regardless of age group or district were prominently consuming beer and arrack. Toddy, kasippu (illicit alcohol) and other alcohol products were consumed at a lower rate across all age groups, districts and occupational categories. The combination of arrack and beer was the most preferred among the majority of current consumers (38.7%). The district which recorded the highest alcohol consumption was Anuradhapura (34.7%). Although Colombo and Jaffna were recorded as important districts, only Colombo recorded above-average consumption levels which were consistent with results from previous trend surveys. Alcohol initiation has occurred most prominently during the age between 18-20 years (42%) and the most common type of alcohol product consumed at initiation was beer (64%) while the second highest was arrack. A majority of alcohol initiation had taken place with friends and at parties (43.9% and 40%, respectively). These findings were all consistent with previous trend surveys.

Only 13.6% of the sample had been successful in quitting alcohol at the time of administering the survey indicating that more than three-quarters of the sample has not been able to quit. The reason for quitting alcohol were different across the three age groups. However, financial issues and a change of preference were two common factors that were observed.
The need for effective policy formulation and prevention activities is highlighted. The lack of a National Action Plan to effectively formulate policies were also highlighted by the World Health Organization (WHO). The importance of delaying or preventing initiation and enforcing ban of alcohol sales to underage persons are discussed.

Overall, a reduction in alcohol consumption is seen for 2019 compared to 2018.

INTRODUCTION

The World Health Organization (WHO) reports, globally around 2.3 billion people are current consumers of alcohol. Statistics from 2016 reveal that the per capita alcohol consumption of persons above 15 years of age worldwide lies at 6.4 litres compared to 5.5 litres in 2005 (WHO 2018). More than one-quarter of alcohol that is consumed worldwide are believed to be in the form of unrecorded or unaccounted for in national statistics. Alcohol consumption has shown a significant increase since the beginning of the 21st century and is considered to be one of the leading risk factors that affect general health among populations worldwide. It is a known prominent risk factor of many non-communicable diseases (NCDs) such as heart disease, liver cirrhosis as well as sexually transmitted diseases (WHO 2018). Furthermore, the WHO highlights how alcohol consumption significantly contributes to the global burden of diseases and is categorized as one of the leading factors that contribute to premature deaths and disabilities in lower-middle-income countries (WHO 2018, WHO 2011).

When studying trend patterns from the early 1960s, a clear increase in alcohol consumption is visible in Sri Lanka. According to data from the WHO factsheet for alcohol 2018, a significant increase in the per capita consumption can be observed from 2010 to 2015. Alcohol per capita consumption in Sri Lanka for males aged 15 years and above in 2016 stands at 18.9 litres. Alcohol consumption among females in Sri Lanka is still relatively low (WHO 2018). A study conducted to determine the National alcohol prevalence in Sri Lanka revealed a current alcohol-consuming population of 39.6% in 2014 out of which 2.4% had been females (Somatunga et al. 2014).

According to the Ministry of Health Sri Lanka, alcohol is categorized as a major risk factor for chronic NCDs. Seven out of ten deaths are known to be caused by NCDs. The WHO 2018 factsheet on alcohol for Sri Lanka points out how 135 males out of every 100,000 people have died of cancer while 57 and 35 have died from liver cirrhosis and road traffic injuries respectively due to alcohol. Although national alcohol control policies have been developed to address these issues in Sri Lanka, a national action plan has not been made to execute these policies (WHO 2018). Therefore, the threat to public health from alcohol remains. The total economic cost of tobacco and alcohol (health expenditure and productivity loss combined) were estimated to be LKR 209.03 billion in 2015 (WHO Sri Lanka Annual Report 2017). This amount is significantly higher than the total tax that is collected by the government from tobacco and alcohol products. Injuries related to alcohol was causing the government to bare LKR 33.92 billion which was the highest burden to the country's economy among all diseases (WHO Sri Lanka Annual Report 2017).

Sri Lanka has been successful in establishing the National Authority on Tobacco and Alcohol (NATA) which has served a great deal in terms of formulating policies on controlling tobacco and alcohol use within the country. The NATA was established in 2006 in response to ratifying the WHO Framework Convention on Tobacco Control (WHO-FCTC) laid out by the WHO. The WHO-FCTC was formulated under the main aim of reducing the demand and supply of tobacco products across the world. Sri Lanka was one of the first countries to ratify the WHO-FCTC and was successful in many areas of tobacco prevention. Although the WHO managed to develop the WHO-FCTC, a framework convention for alcohol control has not yet been possible. Therefore, the WHO classifies alcohol as the only psychoactive and dependence producing substance which has a global impact on population health that is not being currently controlled through legally binding regulatory frameworks at an international level (WHO 2018, WHO 2011).

To control the health and economic harm caused by alcohol, effective policy formulation and surveillance of alcohol consumption is essential. Alcohol and Drug Information Centre (ADIC) in Sri Lanka is responsible for mapping trends of alcohol and tobacco use across the country since 1998. ADIC conducts Trend Surveys annually to track all sorts of tobacco, alcohol and other drug consumption trends across the country. ADIC trend survey analysis can be a useful tool for many policymakers in understanding the spread of alcohol consumption within the country and in turn, would enable them to formulate effective and sustainable policies to aid prevention. The trend survey analysis for the year 2019 was based on the following objectives.

- Determining trends and patterns of alcohol consumption among males above 15 years in Sri Lanka.
- Comparing and analysing trends of alcohol consumption with previous years.
- Determining existing beliefs and attitudes on alcohol consumption and cessation among males above the age of 15 in Sri Lanka.

Alcohol consumption trends were analysed using different aspects and the following terminologies were defined and used for this purpose. Three groups namely, current users, last 30-day abstainers and lifetime abstainers were identified. **'Current Users'** were defined as individuals who have consumed alcohol within the past 30 days while **'Last 30-day Abstainers'** were individuals who had consumed alcohol all long, however, have abstained during the past 30 days. Individuals who have never consumed alcohol throughout their lifetime were **'Lifetime Abstainers'**.

METHODOLOGY

Study Design

This survey used a multi-stage sample design to include a representative Sri Lankan male population who were above 15 years of age.

Inclusion Criteria

Males above 15 years of age who were currently residing in Sri Lanka were included for the study.

Exclusion Criteria

Females were not included in the study as consumption rates for females had been relatively less in Sri Lanka. Individuals who were not part of the selected districts and were not residents of Sri Lanka were excluded from the survey.

Sample Size

Similar to previous trend surveys, 275 participants (with a 10% standard error) from each district were targeted. In total, a sample size of 3025 was planned to be collected from 11 districts for the survey.

Sampling Method

Firstly, a randomized batch selection process was followed to select one district each from the nine administrative provinces in order to determine a representative sample of Sri Lanka. This procedure was repeated three times to create three batches of districts out of which two were used previously for the years 2017 and 2018. The third batch was used in this current survey for the year 2019. Colombo and Jaffna districts were included automatically as important districts. With this inclusion, there were 11 districts in total. In the next stage of sampling, age was divided into three sub-groups as 15-24 years, 25-39 years and above 40 years to get a representative sample of males above 15 years. Since prior surveys indicate that the first two age groups have lower usage, it was purposively oversampled. Therefore, the planned allocation for the chosen age groups were 35%, 45% and 20% respectively. This was determined based on population figures from the census and statistics.

Table 1: Planned allocation of survey participants

Age group	Sample allocation	Per district	Per age group
15 – 24 Years	35%	96	1056
24 – 39 Years	45%	124	1364
Above 40 Years	20%	55	605
Total	100%	275	3025

Data Collection

Data collection was carried out using an interviewer-administered questionnaire containing 40 questions in total (See Appendix). A number of demographic questions were also included. The questionnaire was initially prepared in Sinhala and translated into Tamil and conducted in a language that suited the respondent.

Data collection was carried out by trained data collectors from the Faculty of Medicine, University of Kelaniya, Women Development Federation (WDF) Hambantota and Technical Colleges in Matale and Batticaloa Districts. The survey was conducted within the month of July 2019.

Data Analysis

Data were analysed using SPSS while tables and figures that represent trends were compiled using Microsoft Excel.

RESULTS

A total of 2851 valid responses were received from males above 15 years with a response rate of 95.21%. A summary of the status of responses from all the 11 districts are stated below in Table 2.

Table 2: Survey responses based on district

Province	District	Age Group			Total Responses
		15-24 Years n (%)	25-39 Years n (%)	Above 40 Years n (%)	
North-Central	Anuradhapura	95 (35.3)	110 (40.9)	64 (23.8)	269 (100)
Uva	Badulla	88 (32.4)	119 (43.8)	65 (23.9)	272 (100)
Western	Colombo	104 (38.4)	113 (41.7)	54 (19.9)	271 (100)
Western	Gampaha	81 (32.0)	110 (43.5)	62 (24.5)	253 (100)
Northern	Jaffna	86 (34.4)	102 (40.8)	62 (24.8)	250 (100)
Sabaragamuwa	Kegalle	92 (34.2)	116 (43.1)	61 (22.7)	269 (100)
North-Western	Kurunegala	97 (34.9)	130 (46.8)	51 (18.3)	278 (100)
Southern	Matara	98 (38.0)	111 (43.0)	49 (19.0)	258 (100)
Northern	Mullaitivu	74 (30.5)	112 (46.1)	57 (23.5)	243 (100)
Central	Nuwaraeliya	89 (34.6)	111 (43.2)	57 (22.2)	257 (100)
Eastern	Trincomalee	78 (33.8)	109 (47.2)	44 (19.0)	231 (100)
Total		982 (34.4)	1243 (43.6)	626 (22.0)	2851 (100)

Demographic Information

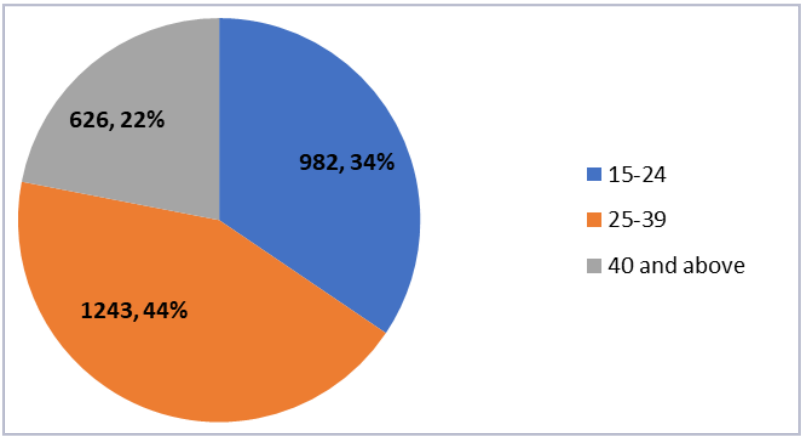


Figure 1: Survey responses based on age

As seen in Figure 1, the majority of the respondents were from the 25-39 age group.

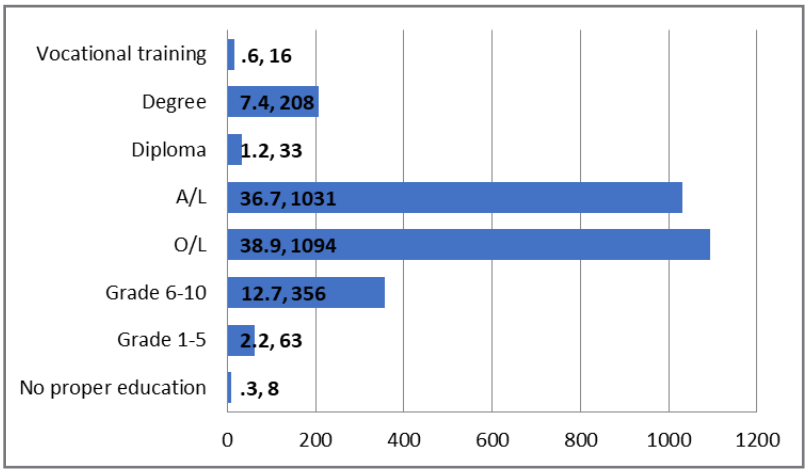


Figure 2: Education level of respondents

As seen in Figure 2, a majority of the respondents were individuals who had finished up to GCE Ordinary Level Examination (O/L) while the second highest were those who completed up to GCE Advanced Level Examination (A/L). A minority of the sample had received no proper education.

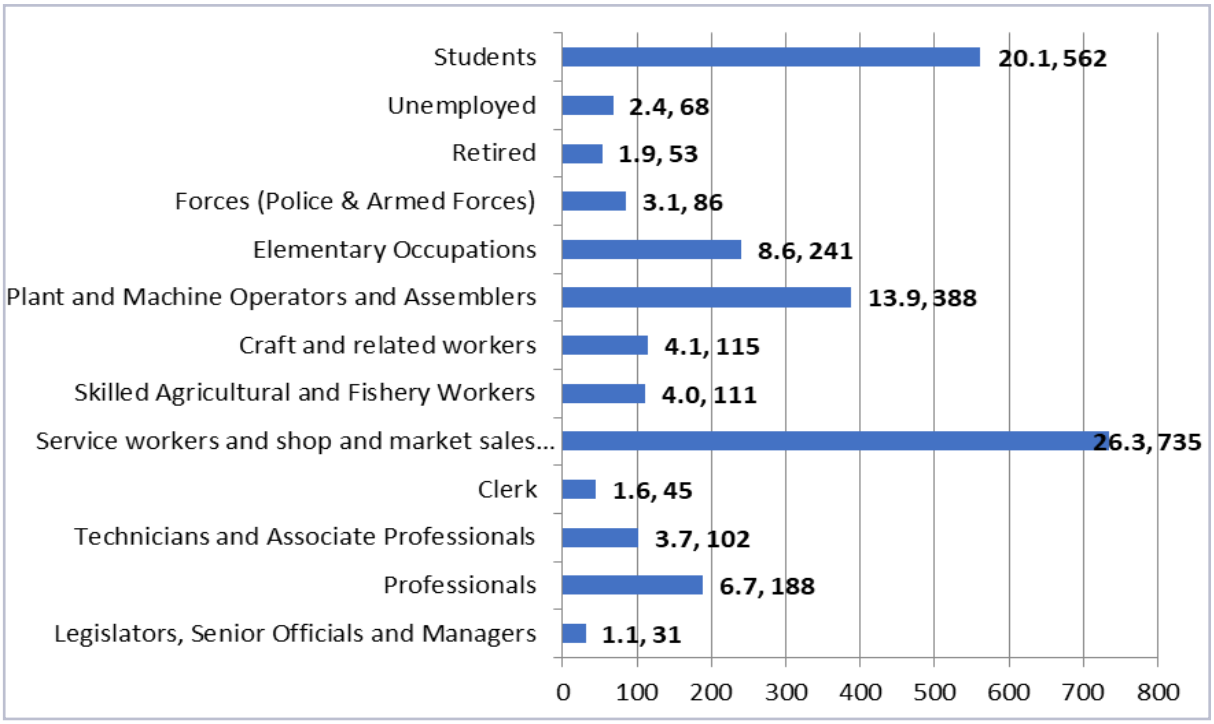


Figure 3: Occupation of respondents

Respondents were classified based on their jobs according to the Sri Lanka Standard Classification of Occupations (SLSCO). In addition to this classification, students, retired individuals, Police and Armed forces were included. Distribution of respondents as per their occupation is seen in Figure 3. A majority were service workers and shop market sales workers while the 'legislators, senior officials and managers' were the smallest group among the sample.

Trends of Alcohol Use

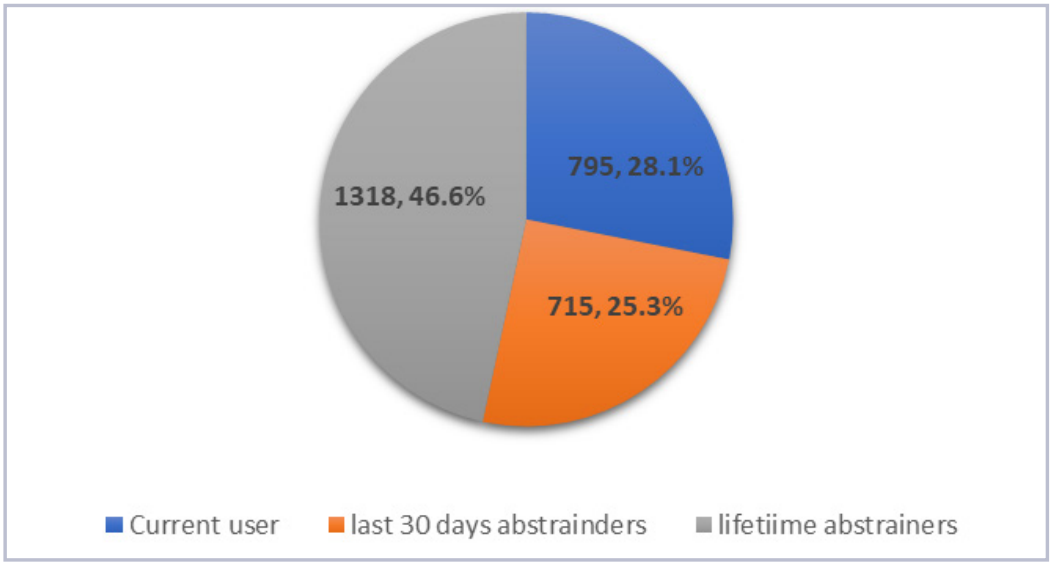


Figure 4: Alcohol consumption

A majority from the current sample were lifetime abstainers. The least proportion of the sample had not consumed for the last 30 days.

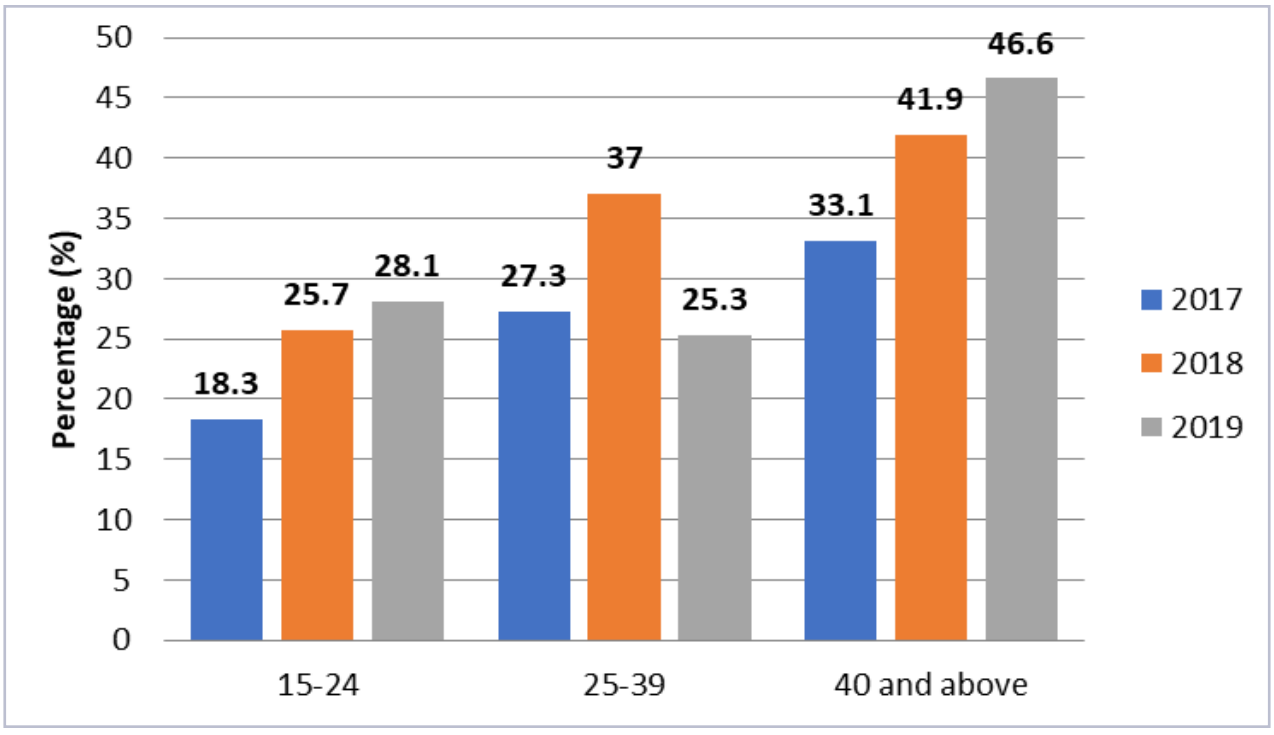


Figure 5: Comparison of alcohol consumption with previous years

As shown in figure 5, there is a significant increase in alcohol consumption in the 15-24 and above 40 age groups. It is the highest consumption in both age groups when compared to the two previous years. The highest increase (4.7%) was observed from the 40 and above age group. However, alcohol consumption in the 25-39 age group has decreased significantly as it shows the lowest figure compared to the two previous years showing a decrease of 11.7%.

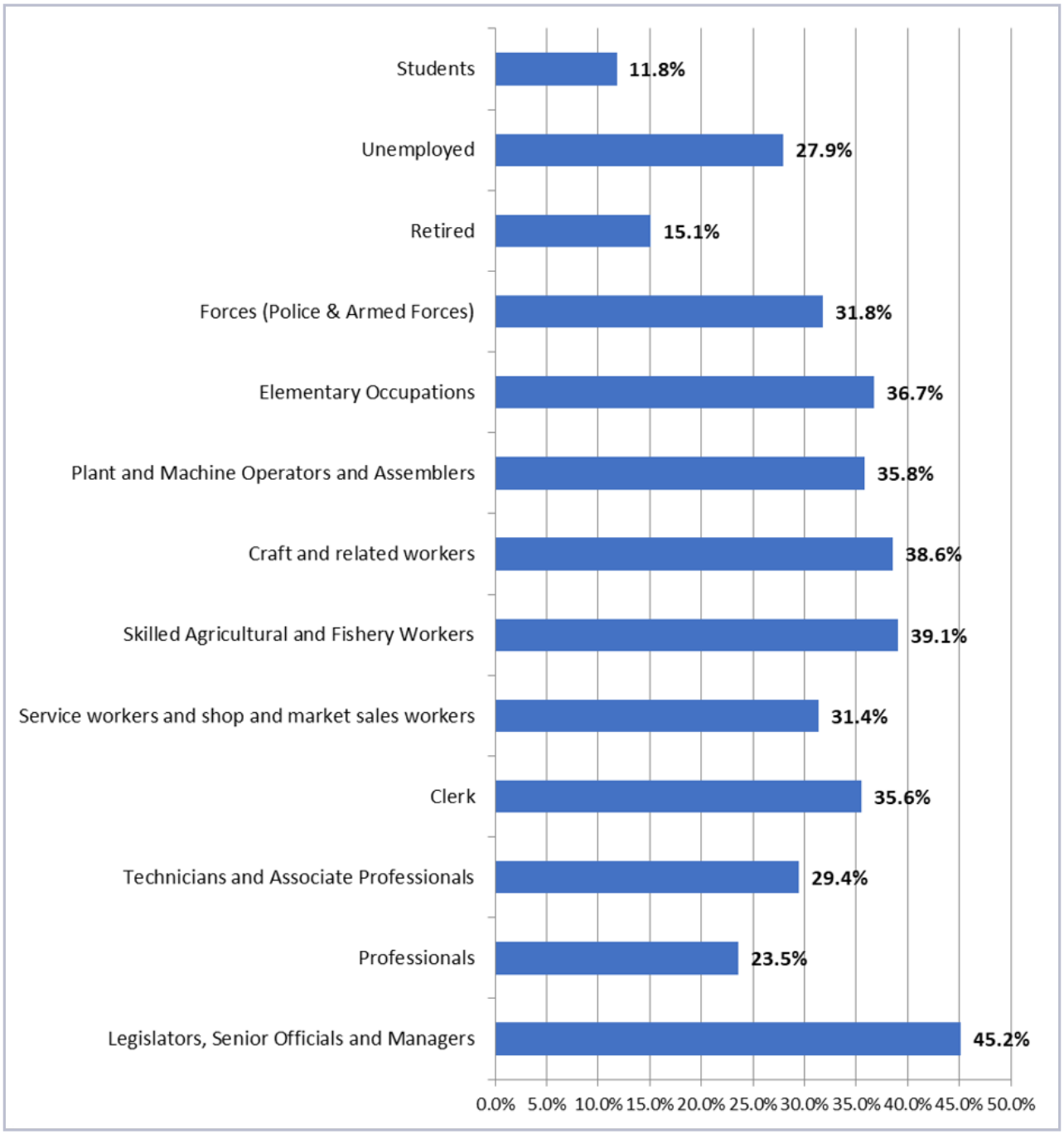


Figure 6: Alcohol consumption by occupation

According to figure 6, the highest proportion of alcohol consumers were from the occupational category of legislators, senior officials and managers while the second highest category were skilled agricultural and fishery workers. Alcohol consumption was lowest among students and the retired category also showed significantly lower consumption rates.

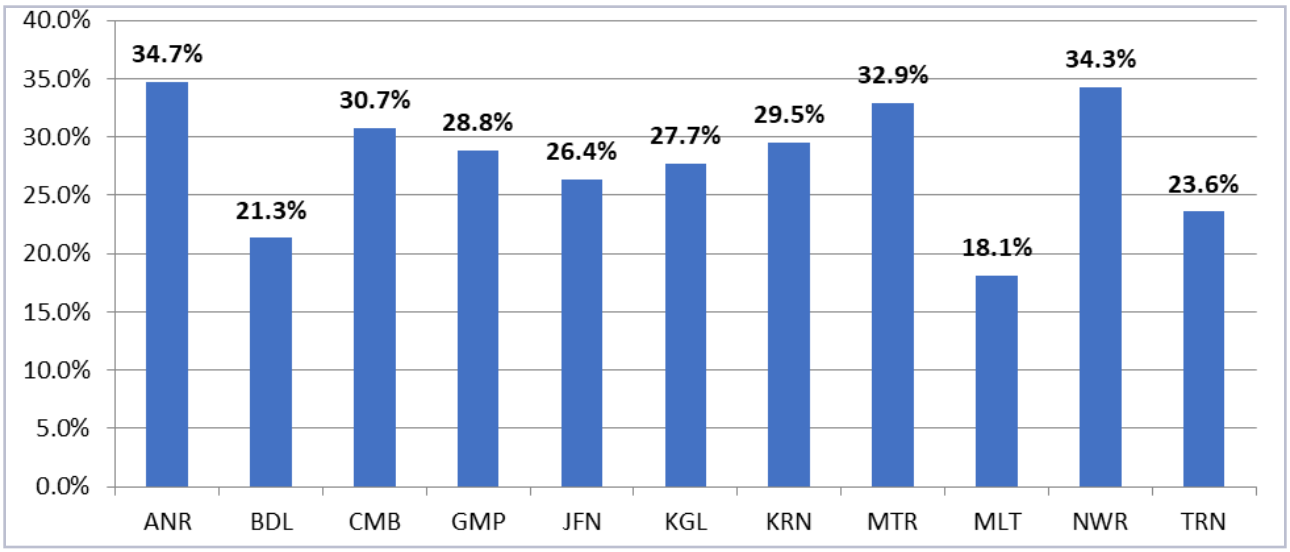


Figure 7: Status of alcohol consumption by district

ANR – Anuradhapura, BDL – Badulla, CMB – Colombo, GMP – Gampaha, JFN – Jaffna, KGL – Kegalle, KRN- Kurunegala, MTR – Matara, MLT – Mullaitivu, NWR – Nuwara Eliya, TRN – Trincomalee

The highest number of current consumers were observed from the Anuradhapura District while the second highest was observed from the District of Nuwara Eliya. The lowest number of current consumers were observed from the Mullaitivu district while the second lowest was observed from the Badulla district. The total average percentage of current consumers across all districts was 28.0%. Anuradhapura, Colombo, Gampaha, Kurunegala, Matara and Nuwaraeliya Districts showed above-average consumption rates.

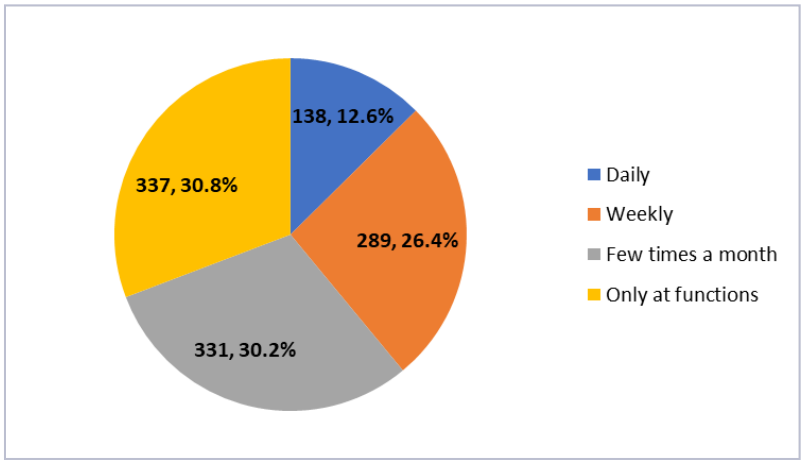


Figure 8: Frequency of alcohol consumption

According to figure 8, the least proportion of current consumers were daily users. A majority of the current users only consumed at functions and a similar proportion consumed a few times a month. A quarter of current consumers were weekly consumers.

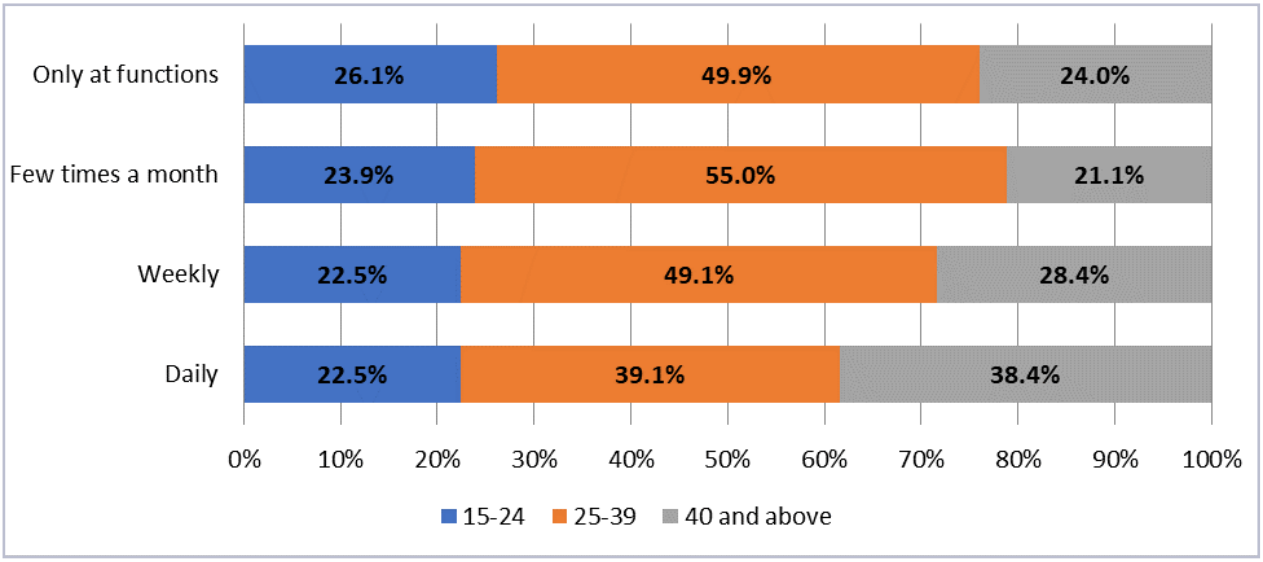


Figure 9: Frequency of alcohol consumption by age

The highest proportion of daily users, weekly users, individuals who used a few times a month, and individuals who only used at functions were all observed from the 25-39 age group. The lowest rates for daily users and weekly users were observed from the 15-24 age category. Lowest rates for individuals who used a few times a month and individuals who used only at functions were both observed from the 40 and above age category.

Alcohol Products

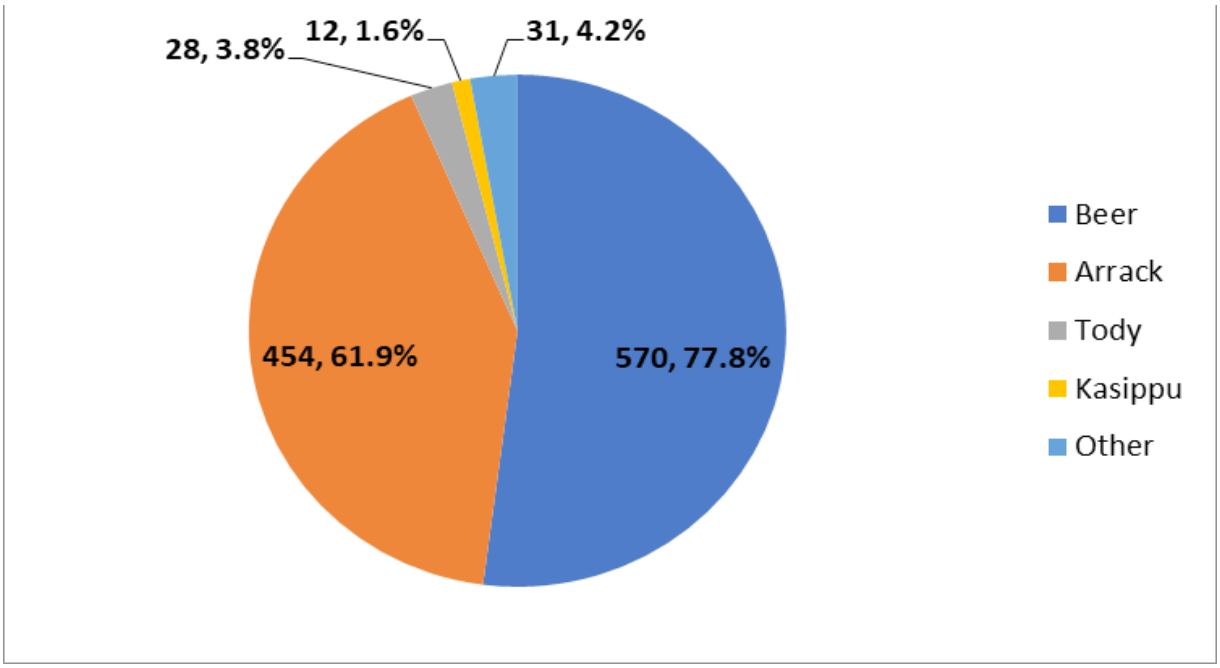


Figure 10: Alcohol consumption by type

According to figure 10, the most commonly used alcohol product was beer. The second most commonly used alcohol product was arrack. The least proportion of current users were consuming other products while Kasippu (Illicit alcohol) remained the lowest consumed product.

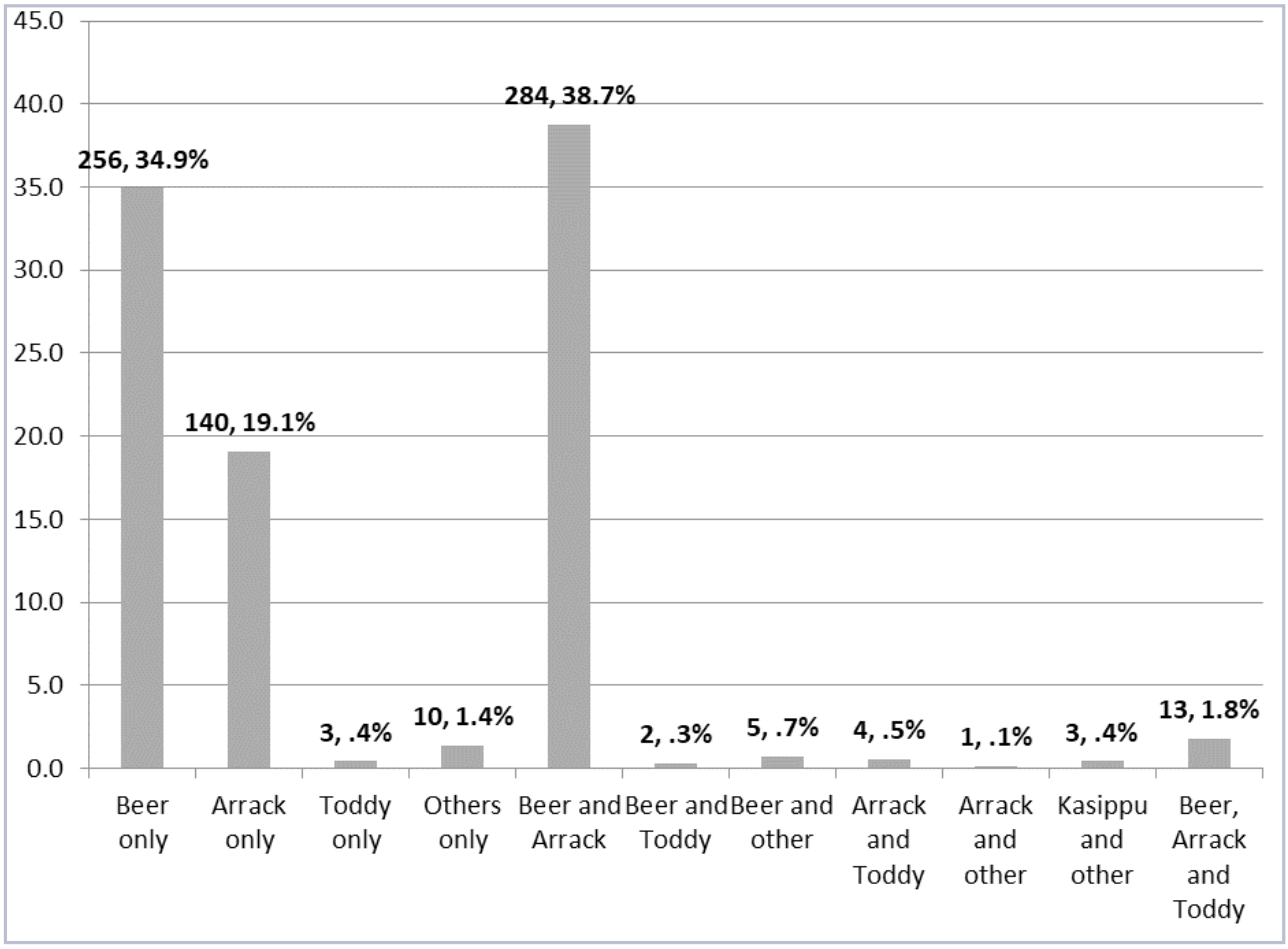


Figure 11: Specific types of alcohol products used by current consumers

Majority of the current users were consuming beer and arrack both. The second highest was those consuming only beer. The third highest was those consuming only arrack.

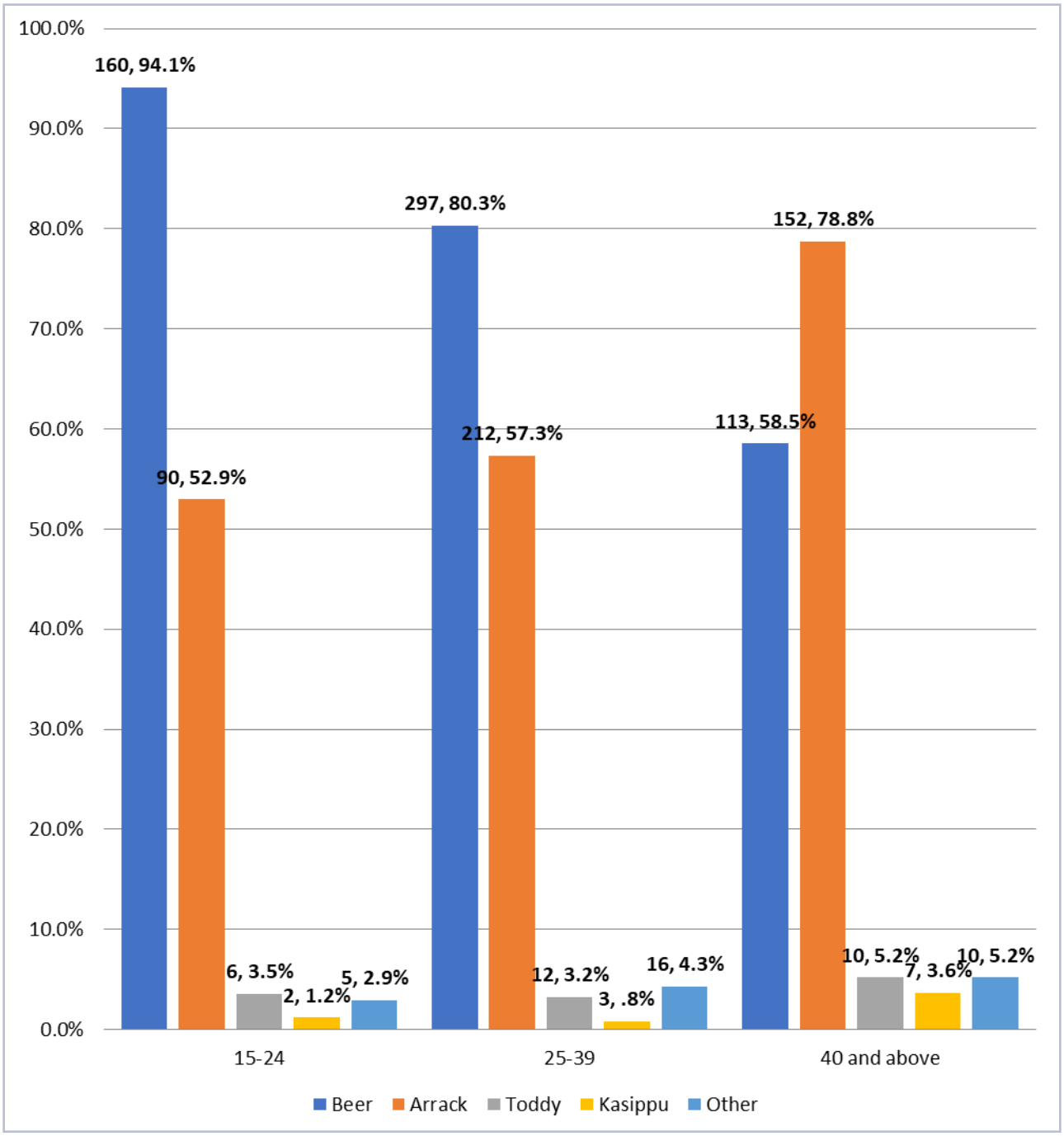
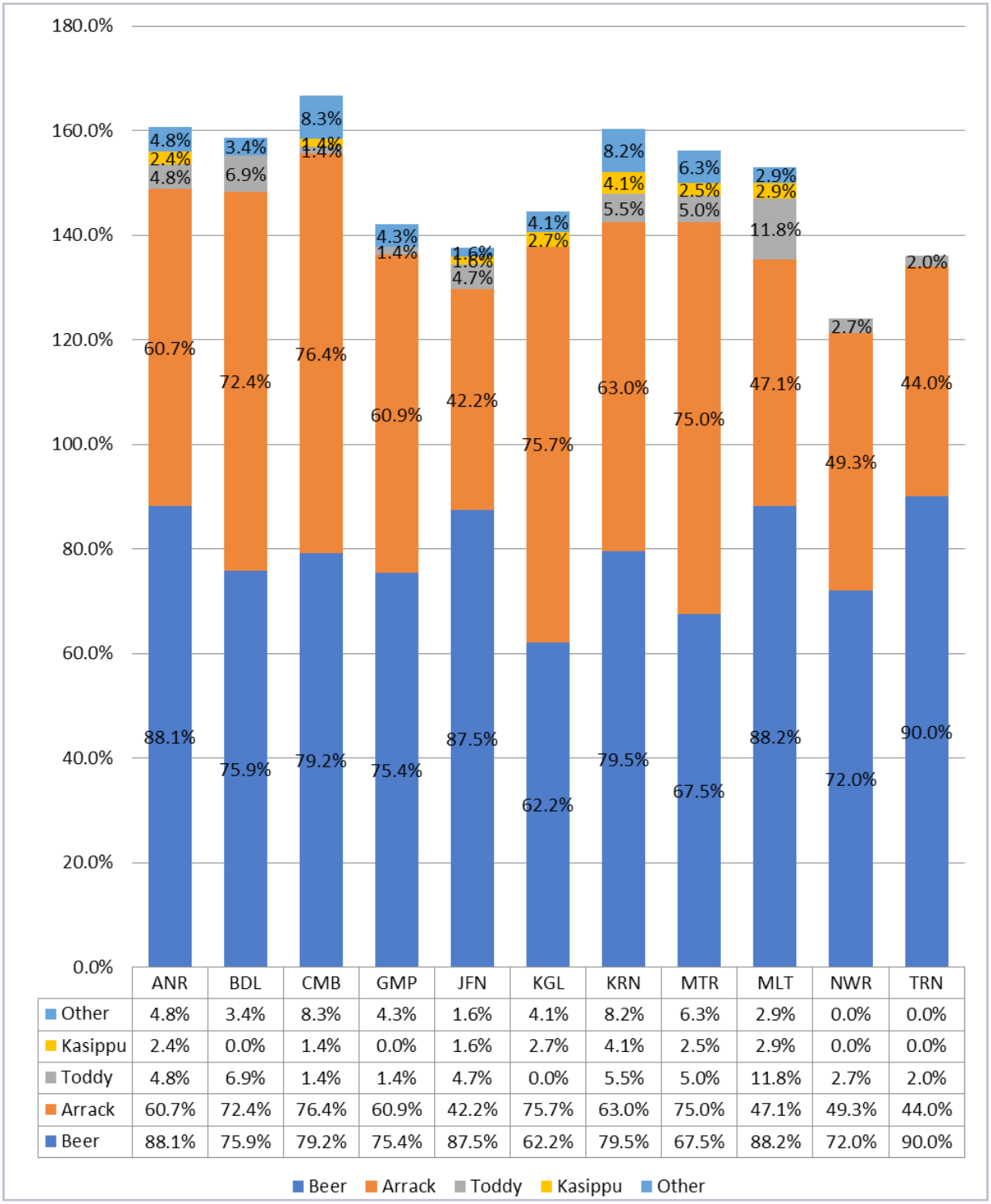


Figure 12: Types of alcohol products consumed by different age groups

According to figure 12, beer and arrack are the two most consumed products among alcohol users. Beer was consumed by a majority among 15-24 and 25-39 age groups. In the 40 and above age group arrack was consumed the most. The second highest consumed product among 15-24 and 25-39 age groups was arrack. The second highest consumed product among 40 and above age group was beer. The 40 and above age group also consumed more toddy, kasippu and other alcohol than other age groups. However, consumption of toddy, kasippu and other alcohol remain significantly low across all age groups.



	ANR	BDL	CMB	GMP	JFN	KGL	KRN	MTR	MLT	NWR	TRN
Other	4.8%	3.4%	8.3%	4.3%	1.6%	4.1%	8.2%	6.3%	2.9%	0.0%	0.0%
Kasippu	2.4%	0.0%	1.4%	0.0%	1.6%	2.7%	4.1%	2.5%	2.9%	0.0%	0.0%
Toddy	4.8%	6.9%	1.4%	1.4%	4.7%	0.0%	5.5%	5.0%	11.8%	2.7%	2.0%
Arrack	60.7%	72.4%	76.4%	60.9%	42.2%	75.7%	63.0%	75.0%	47.1%	49.3%	44.0%
Beer	88.1%	75.9%	79.2%	75.4%	87.5%	62.2%	79.5%	67.5%	88.2%	72.0%	90.0%

Figure 13: Different alcohol products used by current consumers at district level

ANR – Anuradhapura, BDL – Badulla, CMB – Colombo, GMP – Gampaha, JFN – Jaffna, KGL – Kegalle, KRN- Kurunegala, MTR – Matara, MLT – Mullaitivu, NWR – Nuwara Eliya, TRN – Trincomalee

Beer and arrack were the two alcohol products that were prominently consumed across all districts. Except for Kegalle and Matara, beer was the most consumed alcoholic beverage across all districts. Arrack was consumed the most in districts of Kegalle and Matara. Toddy and kasippu consumption were significantly low in all districts compared to beer and arrack. The highest consumption of toddy was reported from the Mullaitivu district while no consumption was recorded from Kegalle. Kasippu was consumed the least among all districts. The highest consumption of kasippu was recorded from the Mullaitivu district while four districts did not report any consumption.

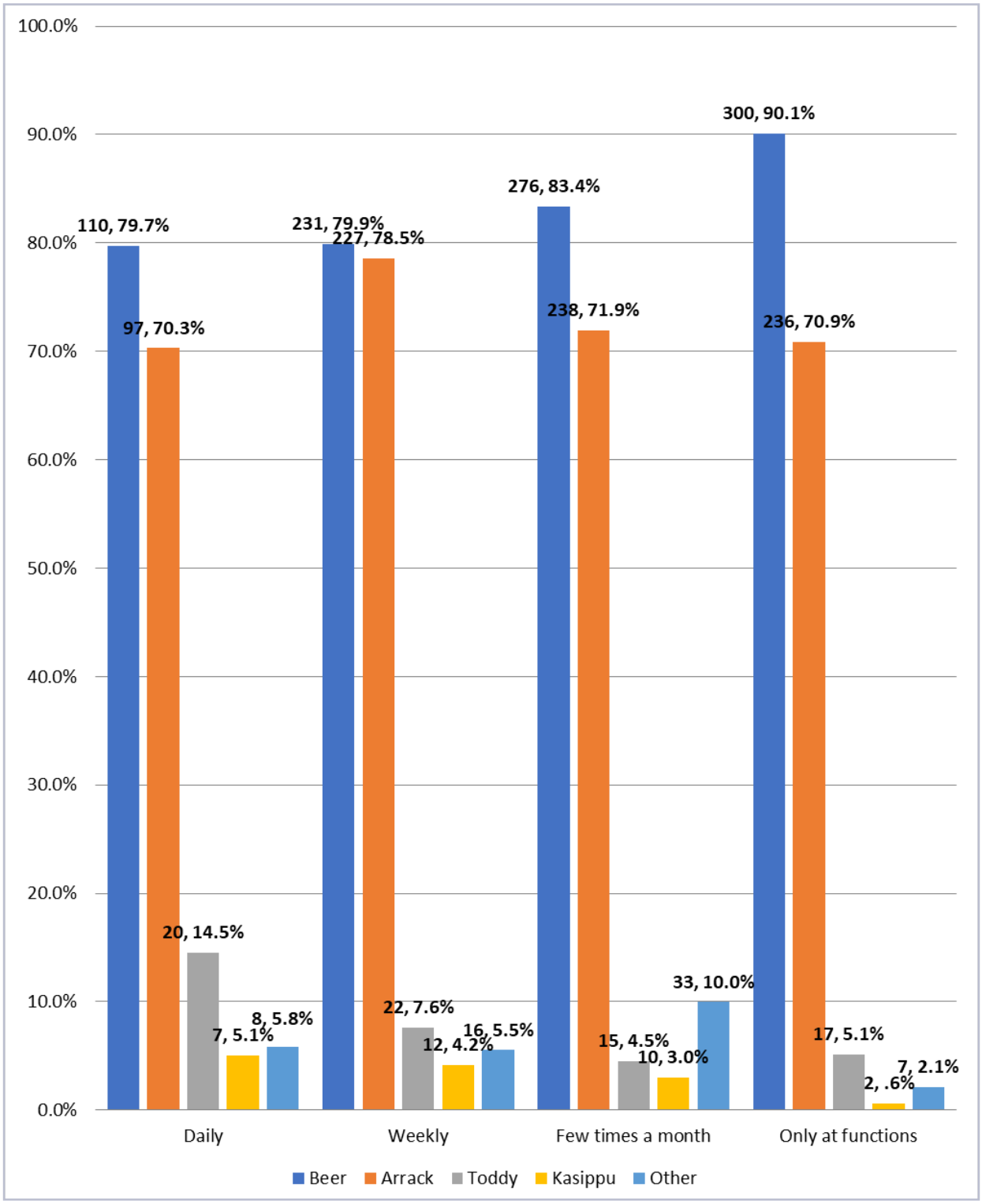
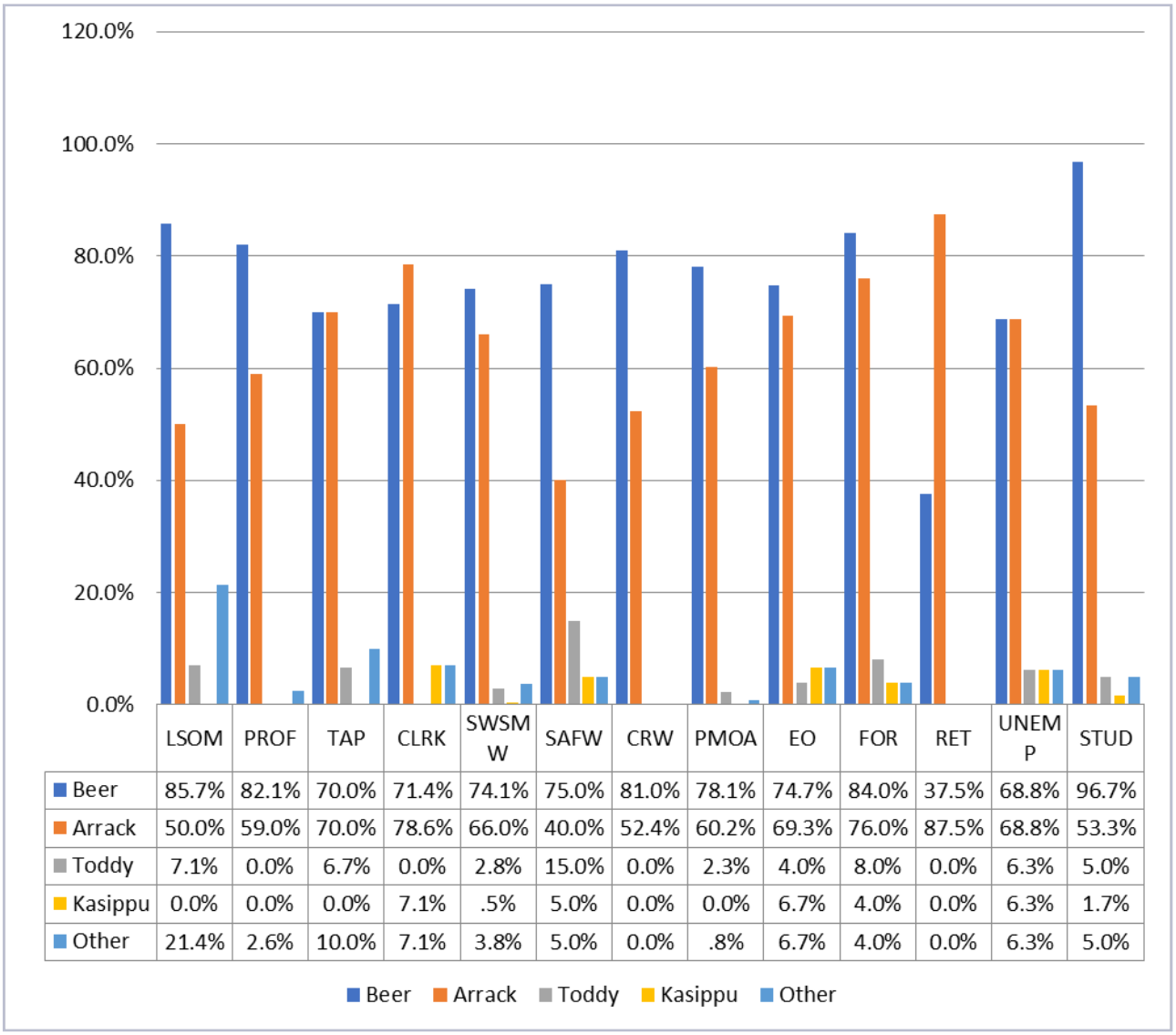


Figure 14: Frequencies of different alcohol products consumed

According to figure 14, beer was the highest consumed alcoholic beverage in all frequencies. The second highest consumed product across in frequencies was arrack. The third highest product consumed in all frequencies was toddy. The least consumed alcoholic beverage in all frequencies was kasippu.



	LSOM	PROF	TAP	CLRK	SWSMW	SAFW	CRW	PMOA	EO	FOR	RET	UNEMP	STUD
Beer	85.7%	82.1%	70.0%	71.4%	74.1%	75.0%	81.0%	78.1%	74.7%	84.0%	37.5%	68.8%	96.7%
Arrack	50.0%	59.0%	70.0%	78.6%	66.0%	40.0%	52.4%	60.2%	69.3%	76.0%	87.5%	68.8%	53.3%
Toddy	7.1%	0.0%	6.7%	0.0%	2.8%	15.0%	0.0%	2.3%	4.0%	8.0%	0.0%	6.3%	5.0%
Kasippu	0.0%	0.0%	0.0%	7.1%	.5%	5.0%	0.0%	0.0%	6.7%	4.0%	0.0%	6.3%	1.7%
Other	21.4%	2.6%	10.0%	7.1%	3.8%	5.0%	0.0%	.8%	6.7%	4.0%	0.0%	6.3%	5.0%

Figure 15: Consumption of different alcohol products by occupation

LSOM - Legislators, Senior Officials and Managers, PROF – Professionals, TAP – Technicians and Associate Professionals, CLRK – Clerk, SWSMW – Service Workers and Shop Market Sales Workers, SAFW – Skilled Agricultural and Fishery Workers, CRW – Craft and Related Workers, PMOA – Plant and Machine Operators and Assemblers, EO – Elementary Occupations, FOR – Forces (Police and Armed Forces), RET – Retired, UNEMP – Unemployed, STUD – Students

Consistent with previous figures, beer and arrack remain as the most prominently consumed alcoholic beverage across all occupations. Beer was seen prominently consumed among nine occupation categories namely, legislators, senior officials and managers, professionals, service workers and shop market sales workers, skilled agricultural and fishery workers, craft and related workers, plant and machine operators and assemblers, elementary occupations, forces (police and armed forces) and students. Arrack was prominently consumed among two occupation categories namely clerk and retired. Beer and arrack were consumed at an equal level among two occupation categories namely technicians and associate professionals and unemployed. Highest toddy consumption was observed from the skilled agricultural and fishery workers while the highest kasippu consumption was in the occupation category of the clerk.

Alcohol Initiation

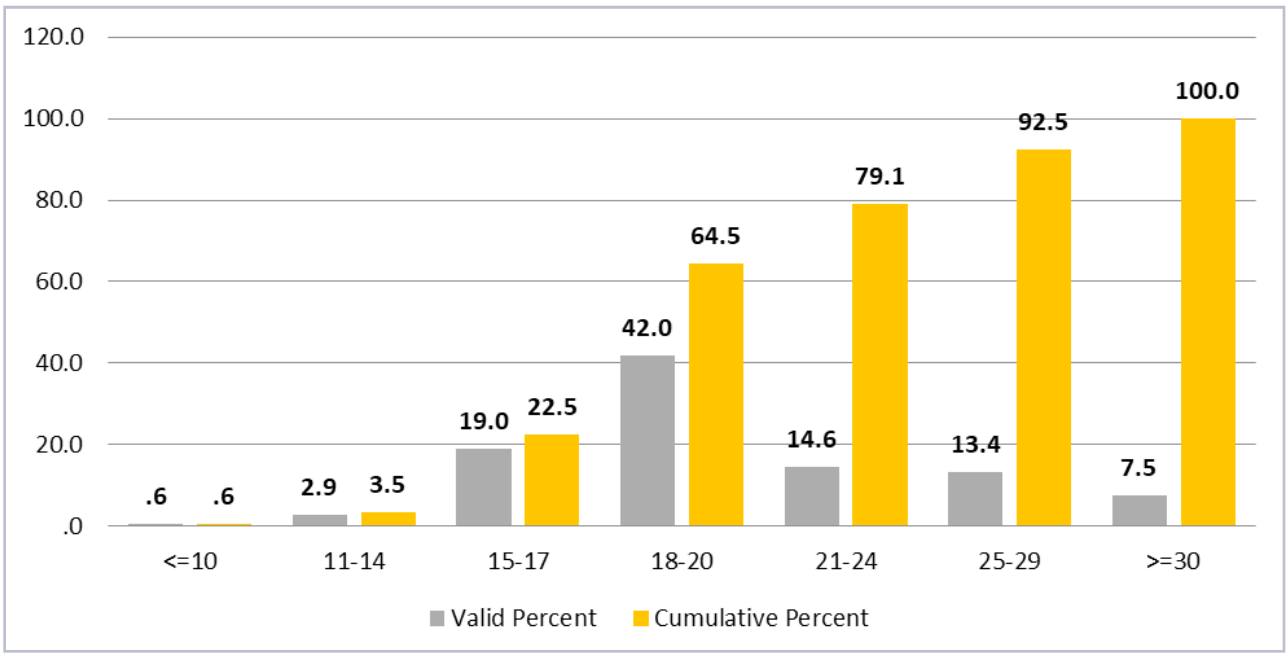


Figure 16: Alcohol initiation age

A majority of alcohol initiation has occurred between the ages of 18-20. The least proportion of the sample had initiated below the age of 10. Around one-fifth of the sample had initiated alcohol before the age of 18. Almost 90% of the current sample has initiated alcohol before the age of 30.

Table 3: Initiation age by age group

Age group	N	Mean	Median	Std. Deviation	Std. Error of Mean	Skewness	F value
15-24	384	17.72	18.00	2.243	.114	-.257	147.023
25-39	731	20.80	20	4.106	.152	.789	.000
40 and above	384	23.46	22	6.861	.350	1.003	

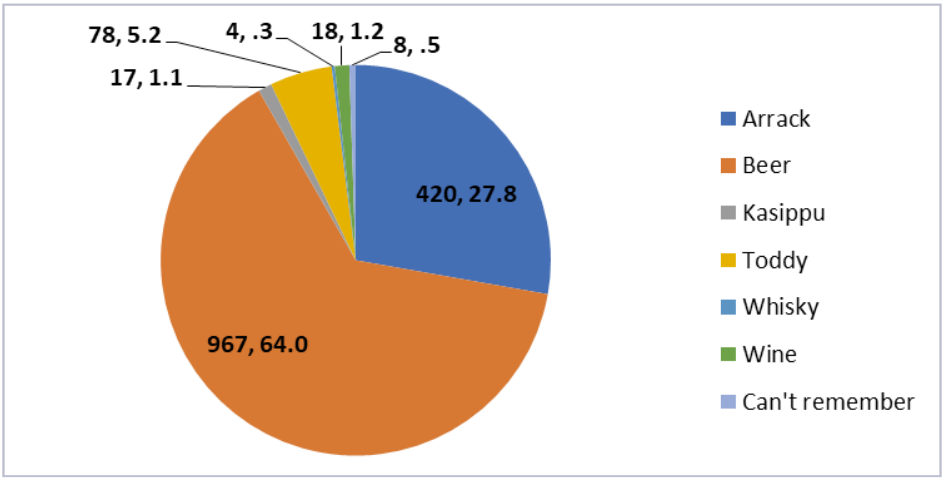


Figure 17: Type of alcohol product consumed at initiation

According to figure 17, the most consumed alcoholic beverage at initiation was beer. Arrack was the second most commonly used beverage at initiation. The least consumed alcoholic beverage at initiation was whisky while wine was the second least consumed product used at initiation.

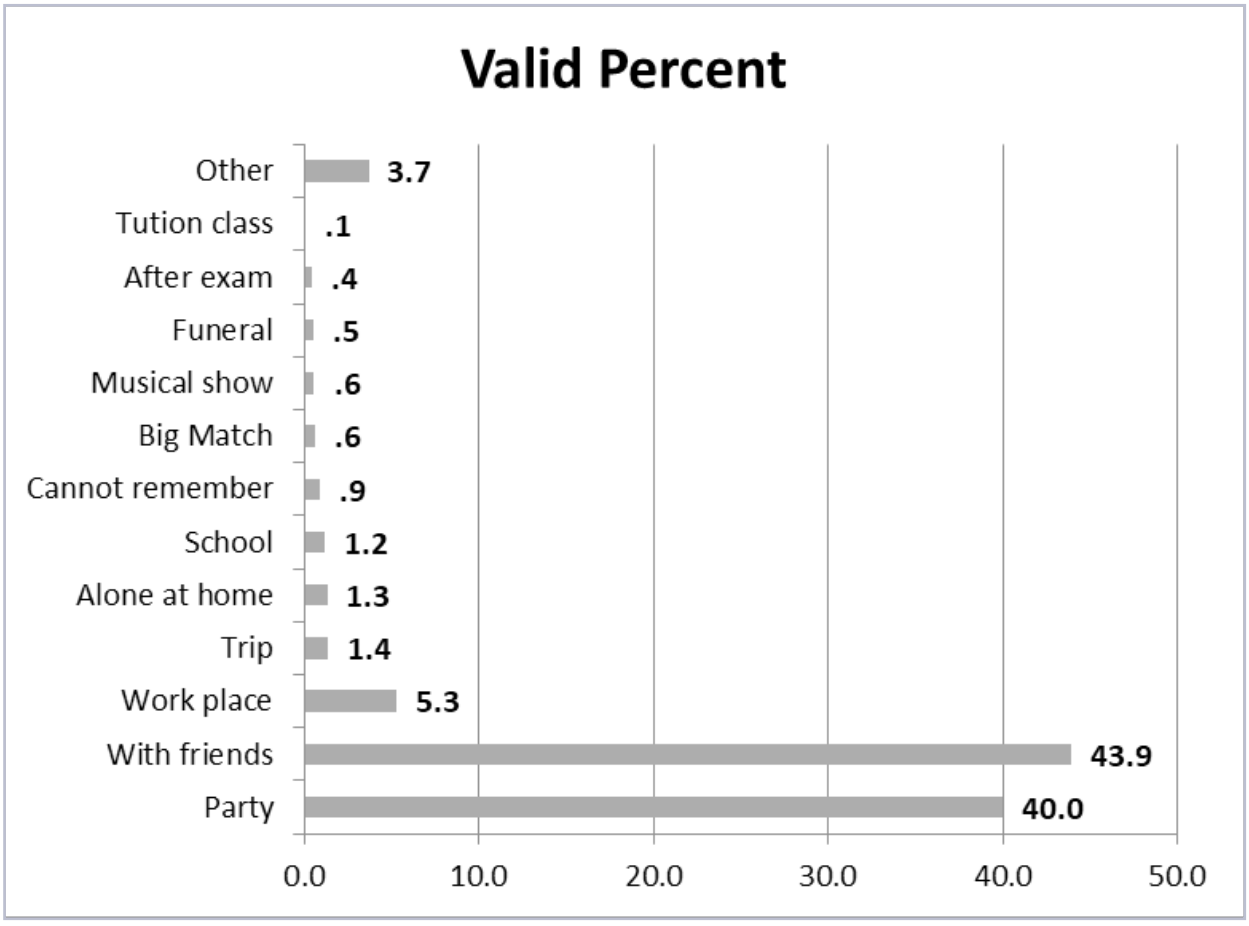


Figure 18: Alcohol initiation occasion

According to figure 18, alcohol had been initiated most commonly with friends. The second most common initiation occasion were parties. Initiation has least occurred at tuition classes.

Cessation of Alcohol Use

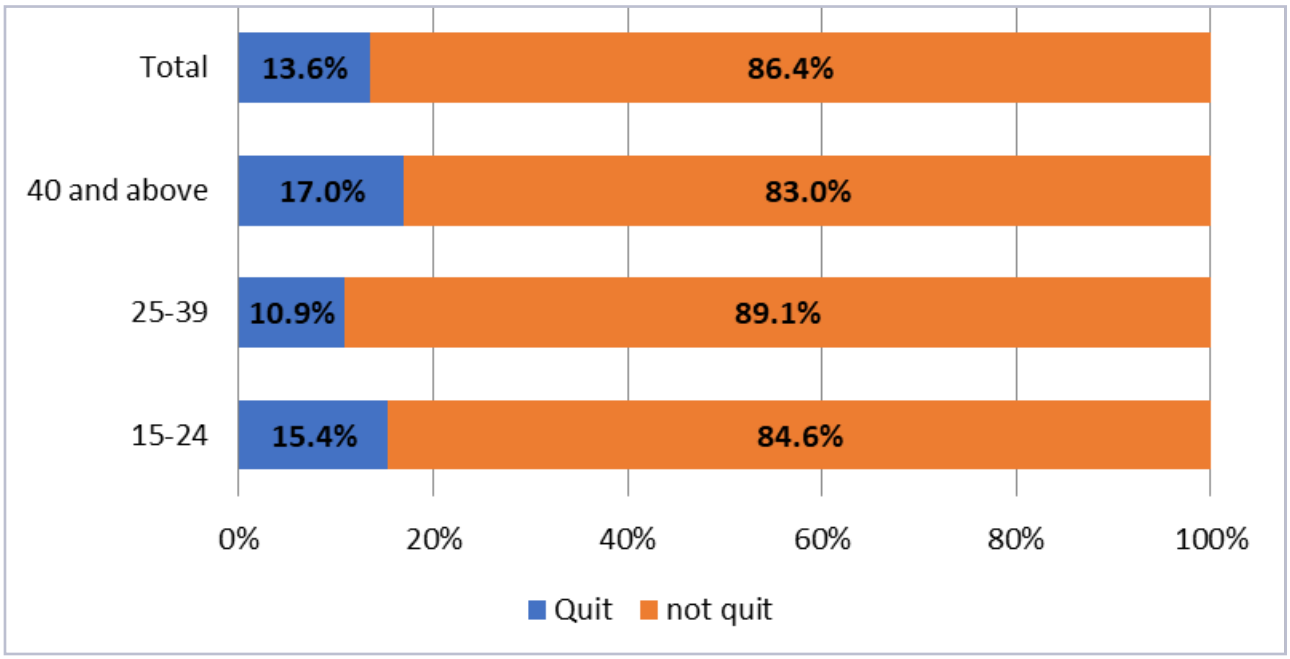
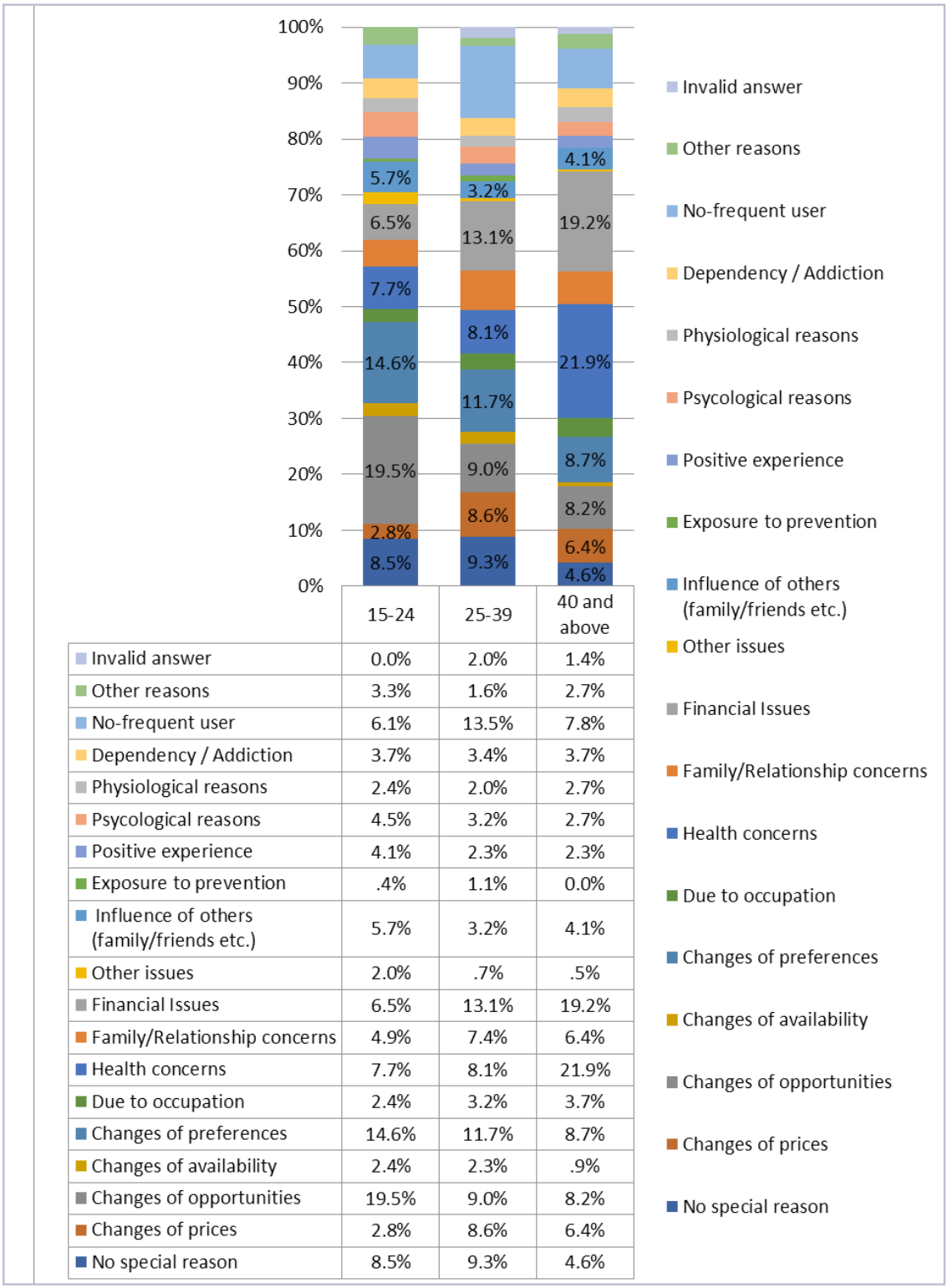


Figure 19: Quitting alcohol consumption

As shown in figure 19, only one-tenth of the sample had used alcohol and quit at the time of the survey. A large proportion of the sample was still consuming alcohol.



	15-24	25-39	40 and above
Invalid answer	0.0%	2.0%	1.4%
Other reasons	3.3%	1.6%	2.7%
No-frequent user	6.1%	13.5%	7.8%
Dependency / Addiction	3.7%	3.4%	3.7%
Physiological reasons	2.4%	2.0%	2.7%
Psycological reasons	4.5%	3.2%	2.7%
Positive experience	4.1%	2.3%	2.3%
Exposure to prevention	.4%	1.1%	0.0%
Influence of others (family/friends etc.)	5.7%	3.2%	4.1%
Other issues	2.0%	.7%	.5%
Financial Issues	6.5%	13.1%	19.2%
Family/Relationship concerns	4.9%	7.4%	6.4%
Health concerns	7.7%	8.1%	21.9%
Due to occupation	2.4%	3.2%	3.7%
Changes of preferences	14.6%	11.7%	8.7%
Changes of availability	2.4%	2.3%	.9%
Changes of opportunities	19.5%	9.0%	8.2%
Changes of prices	2.8%	8.6%	6.4%
No special reason	8.5%	9.3%	4.6%

Figure 20: Reasons for quitting alcohol use

As illustrated in figure 20, the three age groups had different reasons for quitting alcohol. The most prominent reason to quit alcohol among the 15-24 age group was the change of opportunities and change of preference. The most prominent reason for the 25-39 age group was not having a frequent user to consume alcohol with. Unsurprisingly, the most prominent reason among the above 40 age group was quitting due to health concerns. Financial issues had been the second most influential reason for quitting alcohol use for two of the age groups namely 25-39 and above 40.

Table 4: Monthly expenditure on alcohol for different age groups

	NO. of respondents	Median (in rupees)	Interquartile Range (in rupees)	Min -Max (in rupees)
Age group (all current users)				
15-24	158	2000.00	4470	0-35000
25-39	316	2200.00	4015	0-70000
40 and above	157	2800.00	4800	0-56000
Age group (Daily Beer)				
15-24	19	9000	5860	960-25000
25-39	34	9600	7450	1500-30000
40 and above	15	12000	9000	3200-56000
Age group (Daily Arrack)				
15-24	10	10000.00	11625	3500-35000
25-39	13	15000.00	6250	3000-48000
40 and above	25	13200.00	13800	0-56000
Beer Frequency				
Daily	68	9800.00	9350	960-56000
Weekly	130	4000.00	4470	0-48000
Few times a month	142	1500.00	2150	0-12000
Only at functions	147	500.00	2000	0-70000
Arrack Frequency				
Daily	48	12600.00	9650	0-56000
Weekly	111	5000.00	3980	0-48000
Few times a month	124	2140.00	2590	0-25000
Only at functions	103	1000.00	3000	0-70000

Table 4 illustrates the monthly expenditure on all alcohol products among consumers in different age groups. The median value of expenditure for daily consumers of arrack and beer for the past month is significantly higher compared to the overall average. The median value for beer consumption among daily users is about four times higher than the overall average. The median value for daily consumers of arrack was five times the overall average. Therefore, analysing expenditure patterns of daily consumers was more appropriate to get a better understanding of the levels of expenditure.

DISCUSSION

Overall consumption of alcohol across the country has been decreasing and is evident when referring to past trend surveys conducted by ADIC. According to figure 4, in 2019 an overall decrease of reported alcohol users by 8% can be observed (ADIC 2018). Current alcohol consumers have decreased compared to 2018 (ADIC 2018) but remains higher than in 2017 (ADIC 2017). The large decrease in alcohol use observed in 2016 could be highly likely due to the VAT enforced on all liquor products in November 2016 (ADIC 2018). Consistent with previous surveys, lifetime abstainers have a majority of the sample in 2019 were lifetime abstainers (ADIC 2018, ADIC 2017). An overall decrease in consumption which remained consistent across all age groups was observed in 2017 (ADIC 2017). An overall increase was observed in 2018 which too was consistent across all age groups (ADIC 2018). In 2019 there has been an overall decrease in alcohol consumers. However, figure 5 reveals an increase in consumption rates among two age groups namely 15-24 and above 40 categories. Meanwhile, a drastic decrease was observed among the 25-39 age group (11.3% decrease compared to 2018) which could be directly attributed to the overall decrease of consumers for 2019. According to figure 21, the most prominent factors for quitting alcohol among 25-39 age group were not having a frequent user, financial difficulties and changes of preference. A slight increase in liquor prices at the beginning of the year (Daily News 2019) may have contributed to this significant decrease in alcohol use among 25-39 year olds.

When analysing alcohol consumption by occupation, highest consumption in 2019 was observed from legislators, senior officials and managers group. The proportion of users was almost double when compared to figures from this group in 2017 (ADIC 2017), but similar when compared to 2018 (ADIC 2018). In 2019, this group has surpassed the previous highest consuming occupational group which was skilled agricultural and fishery workers (ADIC 2018, 2017). One of the drawbacks during data collection regarding occupation-based alcohol consumption was that samples for each occupational category were not stratified. Some occupations had extremely larger samples while others were comparatively small. Therefore, these statistics do not represent the population of each occupation group thus making the results not generalizable. However, they are quite useful in understanding alcohol consumption trends.

During sampling, Colombo and Jaffna districts were automatically included as they were considered important districts. However, highest consumption rates were observed from the district of Anuradhapura. Highest alcohol consumption was recorded last year from the Hambantota district (ADIC 2018). Above average alcohol consumption was reported for Colombo, but not for Jaffna. This pattern was consistent with previous surveys as well (ADIC 2018). Alcohol consumption rates for Colombo have significantly reduced by about 8% compared to 2018 and decrease of 3% could also be observed from the Jaffna District in 2019 compared to 2018 (ADIC 2018).

Out of the current consumers, 12.6% were daily users while a majority only used at functions or few times a month. In 2019 there was a decline of 6% in daily users compared to 2018 (ADIC 2018). According to figure 10, the most commonly consumed alcoholic beverage among the sample was beer while the second highest was arrack. These figures were inconsistent with 2018 trend survey results as 80% consumed arrack and only 54% consumed beer in 2018 (ADIC 2018). The use of kasippu and other alcoholic beverages were at a significantly lower rate which too was consistent with 2018 trend survey results (ADIC 2018). According to the WHO, the consumption of illicit liquor

(kasippu) will remain at a lower rate and will only rise if a drastic decrease is observed in the overall alcohol consumption rates (WHO 2018). A majority of current users consumed the combination of arrack and beer and the consumption of arrack only was relatively low compared to last year trend survey results where arrack only was the most preferred (ADIC 2018).

The most common product used at initiation was beer while arrack being the second. A majority of the sample had initiated alcohol between the ages of 18-20. These results were mostly consistent with previous findings. Initiation age and feeling at first experience are two important factors that maintain behaviours associated with alcohol. When referring to figure 18, it can be seen that the most common initiation occasion had been with friends or at parties. According to results from previous trend surveys, the initial experience with alcohol for a vast majority had been unpleasant (ADIC 2017). The lack of knowledge on how alcohol is perceived as being pleasurable is one of the key determinants that drive this behaviour. Policy formulations are needed to stop or delay initiation as much as possible. Although Sri Lanka had been successful in formulating policies on alcohol and tobacco control with the establishment of the NATA, WHO highlights the lack of a National Action Plan that affect implementation (WHO Sri Lanka Annual Report 2017). Despite the legal limit for consuming alcohol being over 21 years, minors and individuals below 21 seem to find access to alcohol, which is demonstrated in above results where 64.5% reported alcohol initiation before 21 years. Normalization of alcohol among youth is one strategy by the alcohol industry to recruit more and younger consumers, for instance, alcohol being sold to and offered to minors and individuals below 21 years at big matches is becoming a common sight in the present day. A national action plan should include strategies which cover all policies that have been formulated to date. The WHO highlights the involvement of media in being vitally important in carrying out such a task (WHO 2019).

When analysing consumption trends across the country, a clear variation can be seen from the increased consumption in some years as well as notable decreases in others (ADIC 2018, 2017). The need for preventive strategies and controlling alcohol is highlighted in order to minimize the economic and health burden that is currently impacting the country. Therefore, delaying or preventing initiation and effective monitoring and mapping is essential to minimize the threat to public health and drive the country towards rapid development.

LIST OF REFERENCES

ADIC (2018) 'Spot Survey 2018'. Report on *Alcohol Consumption Trends in Sri Lanka* `
Colombo: Alcohol and Drug Information Centre

ADIC (2017) 'Spot Survey 2017'. Report on *Alcohol Consumption Trends in Sri Lanka*
Colombo: Alcohol and Drug Information Centre

Daily News (2019) '*Liqour prices increased*'. available from
http://www.dailynews.lk/2019/01/29/local/175864/liquor-prices-increased

National Health Performance Framework (2018), Ministry of Health, Nutrition and Indigenous Medicine Sri Lanka.

Policy Repository of Ministry of Health Sri Lanka (2016), Policy Analysis & Development Unit Ministry of Health Sri Lanka.

Somatunga L.C., Ratnayake L.V.R., Wijesinghe W.M.D.N.K., Yapa Y.M.M.M. & Cooray M.P.N.S. (2014) '*National alcohol use prevalence survey in Sri Lanka*'.
Journal of Postgraduate Institute of Medicine 1 (1), E7: 1-12.

World Health Organization (2019) WHO Report on the Global Tobacco Epidemic, 2019. Geneva: Licence: CC BY-NC-SA 3.0 IGO.

WHO (2018) Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO. available from
https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1

WHO Sri Lanka Annual Report, 2017: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

WHO (2011) Global status report on alcohol and health 2011. Switzerland: World Health Organization 2011. availabe from
https://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf

No. 40/18, Park Road, Colombo 05, Sri Lanka
Tel: +94 112 584 416 Fax: +91 112 508 484
Email: research@adicsrilanka.org